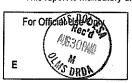
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U - /3/82   | 2. Fiscal Year Covered From:                             |  |  |
|--|--|--|--|
|  | 1 / 1 / 2004 Through: 12 / 31 / 2004                     |  |  |
| 3. Name and address of person filing.  | 4. Name, file number, and address of labor organization. |  |  |
| Name WALTER J MICKA  | Name INT'L UNION OF ELVATOR CONSTRS. LU UN. NO. 5        |  |  |
|  | Labor Organization File Number 015-670                   |  |  |
| P.O. Box, Bldg., Room No., if any  | P.O. Box, Building and Room Number, if any               |  |  |
| Street 23 W. Rodgers St.   | Street 12273 Townsend Road                               |  |  |
| City Ridley Park   | City Philadelphia  |  |  |
| State Pennsylvania ZIP Code + 4 19078  | State Pennsylvania ZIP Code + 4 19154-1204               |  |  |
| 5. Position in labor organization.  RECORDING SECRETARY  |  |  |  |
| Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |  |  |  |
| Name and address of Employer (including trade name, if any).   | 7.a. Nature of interest, Transaction, or Income.         |  |  |
| Name   |  |  |  |
| Trade Name, if any:  |  |  |  |
| P.O. Box, Bldg., Room No., if any  |  |  |  |
| Street   | 7.b. Amount.   |  |  |
| City   |  |  |  |
| State ZIP Code + 4   |  |  |  |
| Signature  |  |  |  |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)                                 |  |  |  |
|  | tion on penalties in the instructions.)                  |  |  |

| me of Person Filing WALTER MICKA   |   | File Number U-  |  |
|--|---|-----------------|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. |   |                 |  |
| 8. Name and address of Business (including trade name, if any).  Name National Elevator Industry Educational Prog.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street Eleven Larsen Way  City Attleboro Falls  State Massachusetts ZIP Code + 4 02763-1068  | 9. Business deals with:    X   a. Labor Organiza   b. Trust   c. Employer                                 |                 |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  | 11.a. Nature of such dealing.   |                 |  |
| Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  | 11.b. Approximate dollar valu 12.a. Nature of interest held Salary 2004 Part Time Ins Reimbursed expenses | tructor \$8,900 |  |
|  | Tab. Mount.   | \$10,046        |  |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.   |   |                 |  |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).   | 14.a. Nature of payment.  |                 |  |
| Name   |   |                 |  |
| Trade Name, if any:  |   |                 |  |
| P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4   |   |                 |  |
| 13.b. Is the Business an Employer or Consultant ?  | 14.b. Amount of payment.  |                 |  |

## LM-30 Attachment

Name: Walter J.Micka

LM-30 File Number: To be assigned

Ending date of report period: 12/31/04

LM-30 Items Number

8, Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s)

9, including reimbursement of valid expenses by a trust in which the labor organization is

interested as though the trust was a business. This guidance provides a trust's dealings with and, a labor organization include the trust's receiving contributions from employers obligated to

fund the trust per collective bargaining agreements negotiated by the labor organization. While the guidance is unclear, other transactions may also be deemed to constitute dealings with the labor organization, trusts, or employers reportable in 11b. Accordingly, the plan is listed here as though it is a business that has dealings with the labor organization, but no amount is reported in 11b and the total amount of all such dealings is not ascertainable. Also note, the DOL software for preparing Form LM-30 does not permit, in part B item 9, selecting more than one answer.